



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E397130**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-00314	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12	13	2014	0000	31					N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE		BLOCK NO. <input checked="" type="checkbox"/> 300
		MILE POST <input type="checkbox"/>

DISTANCE		OF (REFERENCE OR CROSS STREET)	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	AKR4477	STATE	WA	VIN#	5XXGM4A74DG144791
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	KIA	MODEL	OPTIMA	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	CHRISTIAN GUENTHER 511 101ST AVE NE LAKE STEVENS WA 98258
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 356 5680-D20-47F
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E397130**

CASE # **15-00314**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 02/02/15 UNIT #2 Owner reported his vehicle had been involved in a Hit and Run. The Owner claims that the incident occurred while parked in the parking lot of Albertsons' (located at the 300 block 91st Ave NE Lake Stevens, WA) on 12/13/14. The Owner claimed he was unable to report the incident until now.

It appears from the physical damage to the vehicle and the Owners statement, that UNIT #2 was parked in a marked stall and that UNIT #1 was parked in a stall on the passenger side of UNIT #2. Apparently as UNIT #1 was backing-out of the stall it struck UNIT #2 and then departed from the area.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

02-02-15 12:29 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

2/2/2015 12:50:09 PM

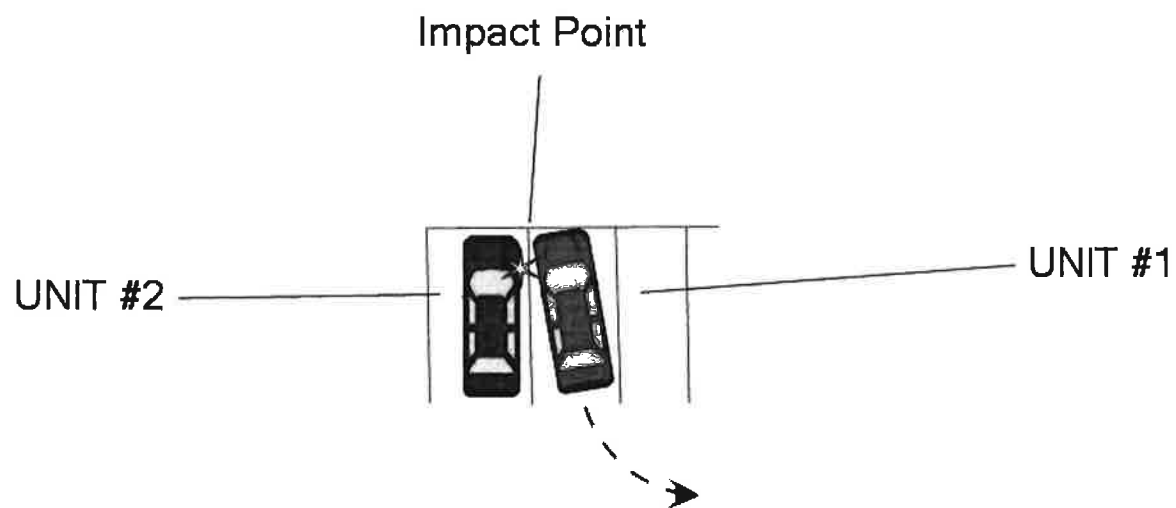
BADGE OR ID # **105**

ORI # **WA0311900**

TIME POLICE DISPATCHED **9:42 AM**

TIME POLICE ARRIVED **9:42 AM**

Parking Lot located at 300 BLOCK 91st Ave NE



** not to scale **

** Reported Away from Scene **

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00314

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) GUENTHER, Christian J.L.	RACE	ETH	SEX	DOB 01-28-1960	AGE 55	HGT 5'10"	WGT 170	HAIR Brown	EYES Blue
STREET ADDRESS 511 101st Ave NE		CITY LAKE STEVENS			STATE	ZIP		RES. STATUS		
HOME PHONE (425) 335-1190		CELL PHONE			PLACE OF EMPLOYMENT Odom					
WORK PHONE		EMAIL ADDRESS osterhos@comcast.net								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On 12/15/14 ^{C.S.} my wife Gaby Guenther had our car 2013 Kia Optima parked in Setway/^{parking lot} Albertsons Lake Stevens, and someone must have hit the front right fender and rear right bumper. We noticed this on Dec. 15th 2014. The incident must have happened on Dec 13th of 2014. The timing must have been between 12:00 - 5:00 pm.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED

LOCATION SIGNED

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15002053

Case Numbers: \$SS15000314

Entered 02/02/15 09:42:19 BY SPSC40 SP0166

Dispatched 02/02/15 09:42:19 BY SPSC40 SP0166

Enroute 02/02/15 09:42:19

Onscene 02/02/15 09:42:19

Closed 02/02/15 09:54:00

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: Fire BLK: Map Page: Group: SS1 Beat: Src:

Loc: LKS PD (NV)

Loc Info:

Name: Addr: Phone:

/0942 (SP0166) \$OUTSRV , NO MORE INFORMATION
/0942 DISPOS 19D1 #SS105 IRWIN, OFFICER (DENNIS)
 , NO MORE INFORMATION
/0942 OK 19D1
/0953 (SP0100) ASNCAS 19D1 \$SS15000314
/0953 CLEAR 19D1 D/H
/0954 CLOSE 19D1

LSPD
ORIGINAL